Form MCSA-5875

OMB No.: 2126-0006 Expiration Date: 12/31/2024

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U.S. Department of Transportation
Federal Motor Carrier Safety Administration

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined **(last name)** O'Brien **(first name)** Jake In accordance with (please check only one):

- (●) the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
- ( ) the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- [ ] Wearing corrective lenses
- [ ] Wearing hearing aid
- [ ] Accompanied by a waiver/exemption (specify type): _____
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- [ ] Qualified by operation of 49 CFR 391.64 (Federal)
- [ ] Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
11-15-2026

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number
937-587-2613

Date Certificate Signed
11/15/24

Medical Examiner's Name (please print or type)
DARin M. LuKICH

- ( ) MD
- ( ) DO
- ( ) Physician Assistant
- (X) Chiropractor
- ( ) Advanced Practice Nurse
- ( ) Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number
1514

Issuing State
OH

National Registry Number
9454766333

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number
O-165-435-93-110-0

Issuing State/Province
FL

Driver's Address
Street Address: 3512 SE Hyde circle City: Port Saint Lucie State/Province: FL Zip Code: 34984

CLP/CDL Applicant/Holder
(●) Yes ( ) No

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Rev 12/18/23

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Dr. Darin Lukich
(Doctor Of Chiropractic)

Email | Website

Practice Business Name
Greene Chiropractic Center

Address
133 Elliott Ave. Peebles, OH 45660

Hours of Operation
-

National Registry Number
9454766333

Certification Date
01/14/2014

Distance
N/A

Business Phone
(937) 587-2613

Business Fax Number
9375873911